

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32654

FILED  
Mar 26, 2010  
Secretary of State

**Entity Name:** PARKVIEW POINTE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2180 WEST SR 434  
SUITE 5000  
LONGWOOD, FL 327795044

**New Principal Place of Business:**

**Current Mailing Address:**

2180 WEST SR 343  
STE 5000  
LONGWOOD, FL 32779 US

**New Mailing Address:**

**FEI Number:** 59-2996066

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HART, JAMES W JR  
SENTRY MANAGEMENT INC  
2180 WEST SR 434, STE 5000  
LONGWOOD, FL 32779 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: GALLIN, LOUELLA  
Address: 5629 PARKVIEW LAKE DR  
City-St-Zip: ORLANDO, FL 32821

Title: D  
Name: SOLOMON, RICHARD  
Address: 11200 PAPHYRUS LN  
City-St-Zip: ORLANDO, FL 32821

Title: D  
Name: MORGAN, DENNIS  
Address: 11512 PUMPKIN SEED CT  
City-St-Zip: ORLANDO, FL 32821

Title: VPD  
Name: YOAK, PATRICIA  
Address: 11236 PAPHYRUS LANE  
City-St-Zip: ORLANDO, FL 32821

Title: VPD  
Name: HULSE, ROBERT  
Address: 11750 PEACHSTONE LN  
City-St-Zip: ORLANDO, FL 32821

Title: D  
Name: SANDMAN, SANDY  
Address: 11327 PINK BLOSSOM CT  
City-St-Zip: ORLANDO, FL 32821

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LOUELLA GALLIN

PD

03/26/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date